

April 22, 2012

To: Judge Ted Stewart

From: The Duane Kay Bennett Family Trust,
Randy Kay Bennett & Sherri Lynn Bennett Callister, Trustees

Your Honor,

In regards to the case at hand Combined Insurance vs Dorothy Mayber, The Duane Kay Bennett Family Trust (Sherri Bennett Callister & Randy Bennett Trustees), and Sherri Callister.

Our Uncle Duane Bennett has been married 3 times, to Roxanna Rasmussen, Dorothy Mayber, and Antanetta Williams and in that order. After divorcing Dorothy my uncle married Antanetta Williams in August of 2007. In April of 2008 Duane was starting to go through a divorce when he consulted with his accountant about his Trust. He was advised by D Scott Nickle to change his property, his bank accounts and life insurance policies to his family trust. On May 13, 2008 I, (Sherri Bennett Callister) who was not a trustee of his Trust at that time, was asked if I would witness and help him fill out his change of beneficiary forms for his life insurance policies. Duane came to my home I obtained the change of beneficiary forms from the internet and we filled out the change of beneficiary forms which he signed and I witnessed for both Combined Insurance and Occidental Life Insurance (Dorothy was the previous beneficiary of both) we then went together to the post office and mailed them, took the copies of the beneficiary forms to Wells Fargo Bank and put them in his safety deposit box, we then went to the café and had lunch.

My Uncle was killed in an Automobile accident on September 19, 2011. The Duane Kay Bennett Family Trust filed a claim with Combined Insurance and was notified by mail that his trust was not the beneficiary of this life insurance policy and that Dorothy Mayber was the last change of beneficiary form that was received. Combined Insurance claims that the change of beneficiary form was never received from Duane. I provided a copy of the change of beneficiary form to Combined Insurance on November 21, 2011 via fax as they requested. I have a color copy of the beneficiary form. Combined Insurance and Occidental Insurance were mailed on the same day at the same time. Occidental life insurance received the change of beneficiary form (on May 22, 2008) a claim was filed to Occidental Life and benefits have been received.

The Duane Kay Bennett Family Trust filed a Small Claims Action in the Delta City Justice Court to try to get some sort of resolution. After receiving service of the Small Claims Action, Combined Insurance filed this case in your Court. The Delta City Justice Court called me this last week and told me that the case in their court would not be heard. The Trustees were going to file a motion to dismiss due to the case being filed in your Court.

Your Honor, We respectfully ask that each party be responsible for their own attorney costs.

Your Honor, We respectfully ask that you find The Duane Kay Bennett Family Trust the beneficiary of this life insurance policy as that was what his wishes were.

Respectfully,

Randy Kay Bennett
Sherri Bennett Callister
Nephew & Niece and
Trustees Of The Duane Kay Bennett Family Trust



Combined Insurance Company
Policyholder Service • Post Office Box 87208 • Chicago, IL 60680-0208 • www.combined.com

In order to change your beneficiary, please sign and date the form below in the presence of a witness. Have the witness also sign the form, and return it in the envelope provided. We will send you a confirmation letter to keep for your records once the change receives approval.

REQUEST FOR CHANGE OF NAMED BENEFICIARY

This request affects only the named beneficiaries of the insurance policy indicated below. It does not affect any beneficiaries designated on other policies you may own.

FULL NAME OF INSURED <input checked="" type="checkbox"/> MR <input type="checkbox"/> MS <input type="checkbox"/> MISS <input type="checkbox"/> MRS Duane Kay Bennett	POLICY #
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OWNER <input checked="" type="checkbox"/> MR <input type="checkbox"/> MS <input type="checkbox"/> MISS <input type="checkbox"/> MRS Duane Kay Bennett
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PLEASE READ THE FOLLOWING PARAGRAPH VERY CAREFULLY:

In accordance with the beneficiary provisions of the policy: I hereby request Combined Insurance Company of America to pay the death benefit of the insurance policy indicated above to the named beneficiaries below. I hereby revoke all prior named beneficiary designations.

1 st NAMED BENEFICIARY (FIRST /MIDDLE/ LAST NAME) Duane Kay Bennett family Trust	RELATIONSHIP TO INSURED Trust
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STREET ADDRESS 1965 North 3000 West	CITY Delta, UT	STATE/ZIP CODE 84624
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If you name multiple beneficiaries and do not check one of the options below, the beneficiaries will share the death benefit equally.

2 nd NAMED BENEFICIARY (FIRST /MIDDLE/ LAST NAME) (Please check one) <input type="checkbox"/> Contingent or <input type="checkbox"/> Share Equally	RELATIONSHIP TO INSURED
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STREET ADDRESS	CITY	STATE/ZIP CODE
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Dated at 1965 North 3000 West Delta, Utah 84624 this 13th day of May year 2008

x Sherril Callister
Signature of Witness

x Duane Kay Bennett
Signature of Owner:

x 1124 West Ashby P.O. Box 817 Delta
Witness' Street Address City

Utah 84624
State/Zip Code

CICA 04/21/04

Policy Owner Service Beneficiary Change Request

P.O. Box 2595 • Waco, TX 76702-2595

Policy No. _____ Insured: Duane Kay Bennett
 Last four digits of your social security number: 6690
 Address: 1965 North 3000 West
 City: Delta State: UT Zip Code: 84624
 Email: dknflys@yahoo.com

Beneficiary Change – The owner revokes the beneficiary designation and any election of settlement option now in effect under the above described policy and changes the beneficiary designation to:

Primary Beneficiary

Print Full Given Name and Surname: Duane Kay Bennett family Trust
 Address: 1965 North 3000 West
 City: Delta State: UT Zip Code: 84624
 Date of Birth: 04/04/1948 Relationship to Insured: Trust

Contingent Beneficiary

Print Full Given Name and Surname: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Date of Birth: ____/____/____ Relationship to Insured: _____

Unless otherwise directed, proceeds will be paid in equal shares to any primary beneficiaries who survive the Insured, but if none survive, proceeds will be paid in equal shares to any contingent beneficiaries who survive the Insured. If no named beneficiary shall survive the Insured, then proceeds shall be payable to the owner, if living, otherwise to the legal representative of the estate of the owner. The owner reserves the right to change the beneficiary designation unless otherwise expressly stated.

The owner expressly agrees that any change above will take effect as of the date this notice was signed, except as to any payment made by the Company before such change is recorded by the Company. The owner agrees that the Company may waive any policy provision requiring presentation of the policy for endorsement, but may require presentation, if desired.

Dated at Delta the 13th day of May, 2008
(city) (date) (month) (year)
 Witness Sherry L. Callister Owner Duane Kay Bennett
(signature) (signature)

Company Use:

The Company acknowledges the receipt of this requested change but does not assume responsibility for its validity or legal effect or the rights and liabilities of any person.

(date recorded by the Company)By: _____
(officer)

**Occidental Life Insurance
Company of North Carolina**

P.O. Box 2595 / Waco, Texas 76702-2595
254-297-2775 / 1-800-736-7311

Visit us at www.OccidentalLife.com
E-mail address pos@OccidentalLife.com

May 22, 2008

Duane Kay Bennett
1985 N 3000 W
Delta UT 84624

Re: Policy 230934733G - Duane Kay Bennett

Dear Mr Bennett:

We have received your change request and it has been recorded. The endorsement showing how the policy proceeds would be paid in the event of a claim is shown on the back of this letter. Please keep this with your policy for future reference.

If the beneficiary is not correct, please let us know as soon as possible and we will send you another form. We encourage you to visit our website www.occidentallife.com to review your policy information including this change.

Please keep us informed of any changes in your telephone number, address, or email address. You may contact us toll-free at 1-800-736-7311 or these changes can be submitted via our web site at www.occidentallife.com. We would like to encourage you to visit our web site periodically to review your coverage information.

Sincerely,

POLICY SERVICE DEPARTMENT

(over, please)

E N D O R S E M E N T

Attached To and Made a Part of Policy #230934733G

Duane Kay Bennett

The policyowner has revoked all previous beneficiary designations and settlement options and has changed the beneficiary or beneficiaries of this policy to:

PRIMARY BENEFICIARY:

Duane Kay Bennett Family Trust

CONTINGENT BENEFICIARY:

Unless otherwise indicated, proceeds will be paid in equal shares to any primary beneficiaries who survive the insured named above, but if none survive, proceeds will be paid in equal shares to any contingent beneficiaries who survive the insured named above. If no named beneficiary shall survive the insured, then the proceeds shall be paid to the policyowner, if living, otherwise to the legal representative of the estate or the policyowner. The policyowner reserves the right to change the beneficiary unless otherwise expressly stated.

In Witness Whereof, Occidental Life Insurance Company of North Carolina has caused to be affixed the signature of its duly authorized officer at Waco TX.

A handwritten signature in black ink, appearing to read "Joe Dunlap", is written over a horizontal line.

Joe W. Dunlap, Executive Vice-President, Operations
OCCIDENTAL LIFE INSURANCE COMPANY OF NORTH CAROLINA

Date Recorded: May 22, 2008

END 2006